

**JOINT PUBLIC OVERSIGHT HEARING ON**  
**“AN EXAMINATION OF THE DISTRICT OF COLUMBIA**  
**GOVERNMENT’S UTILIZATION OF EMERGENCY**  
**PREPAREDNESS FUNDING”**

**COUNCIL OF THE DISTRICT OF COLUMBIA**

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**TESTIMONY OF**

**MARTHA B. KNISLEY, DIRECTOR**  
**D.C. DEPARTMENT**  
**OF MENTAL HEALTH**

**Monday, October 6, 2003**  
**10:00 A.M.**  
**Council Chamber**  
**John A. Wilson Building**  
**1350 Pennsylvania Avenue, NW**

- Good morning, Chairman Orange, and members of the Council. My name is Martha B. Knisley; I am the Director of the D.C. Department of Mental Health.
- Thank you for the opportunity to testify at this joint public oversight hearing about the Department of Mental Health's utilization of emergency preparedness funding. The expenditure of the federal grant money was used to enhance the department's readiness and our efforts to improve how we respond to emergencies, disasters or other threats to our well-being.
- I would like to open my remarks by expressing appreciation to the Council and the Washington media for promoting the availability of mental health services through the DMH Access HelpLine. During the past three weeks, all of us experienced heightened stress, fear and anxiety levels as we waited out hurricane Isabel.
- The Mayor declared Isabel an emergency, and the number and content of calls to the HelpLine indicated that a feeling of crisis existed.
- The Access HelpLine is averaging 553 calls per week. Just recently, during and after the storm, we watched our weekly average climb to 765.
- Once again, residents and others learned that the District of Columbia has the means to help relieve their pain, fear or confusion simply by calling the HelpLine or talking to one of our outreach community workers working in their neighborhood. During and after the hurricane DMH staff supported in the function of mass care function by distributing food and ice to children and adults in need.
- In our capacity as a support agency, DMH maintained a presence at the Emergency Management command center before, during and after the storm. Additionally, DMH sent out a team of 40 staff members to assist in the feeding sites, and distribution of ice and water. While aiding in the distribution process, DMH conducted crisis counseling in Wards 7 and 8. We reached out to these neighborhoods with printed materials providing tips for handling the crisis.

- DMH serves as a support agency to nine of the fifteen emergency support functions (ESFs). We serve as support for ESF 1 Transportation; ESF 4 Firefighting; ESF 5 Information and Planning; ESF 6 Mass Care; ESF 8 Health & Medical Services; ESF 9 Urban Search & Rescue; ESF 11 Food; ESF 14 Media Relations & Community Outreach; and ESF 15 Donations and Volunteer Management.
- In the event of an emergency my agency is required to respond on short notice to provide timely and effective assistance through the District Response Plan structure. Essentially, DMH will 1) support the ESF primary agency when requested by conducting operations using its authorities, cognizant expertise, capabilities, or resources; 2) support the primary agency mission assignments; 3) provide status and resource information to the primary agency; 4) and follow financial and property accountability procedures.
- My agency was allocated \$1,484,073.74 of the Federal Emergency Preparedness Appropriation. In the Federal Payment categories of search and rescue and other emergency equipment and support; and training and planning.
- Fiscal Year 2003 witnessed our implementation of lessons learned since 911. DMH completed and distributed its All-Hazards Response Plan which is a cross walk of the District Response Plan. As stated last year it encompasses three components: the Mental Health Authority, St. Elizabeths Hospital and the Community Services Agency. It is a living document and must be updated accordingly.
- DMH has spent its funding on equipment and training to enable the staff to support the lead agencies during an emergency. The first phase of spending in FY02 was used to purchase immediate necessities such as 2-way radios, satellite phones, solar radio & flashlight combos, and printed information for the public. The next reasonable step was to obtain an expert to help to develop an all-hazards plan. All of the senior executive staff was involved in the planning and writing of this important document. After the

completion of this plan, the next phase is to train DMH staff to serve as support to all nine emergency support functions.

- DMH is focusing on training its employees pursuant to the All-Hazards Response Plan. In FY03 DMH has issued three grant agreements to Howard University Department of Psychiatry, Georgetown University Department of Psychiatry, and George Washington University Department of Psychiatry. The purposes of the grants are to 1) train health care providers in understanding the structure and operation of the public mental health system in order to assist in providing emergency mental health services and 2) train providers to meet the mental health needs of the citizens of the District in times of disaster.
- The scope of the grant is to develop curricula to meet the training needs of the department which are as follows: 1) Prepare a mental health disaster preparedness curriculum for psychiatry residents and other mental health professionals; 2) prepare a curriculum for mental health disaster preparedness for non-mental health professionals based on the consensus findings of best practices and in consultation with leading experts; 3) Create a public mental health system curriculum for psychiatry residents, which will be added to the current content of the psychiatry residency training; 4) create outreach materials for special populations; 5) provide all curricula to other relevant departments of psychiatry, other agencies and the Department of Mental Health; 6) coordinate four half-day training sessions with the training office of DMH and invite all DMH and Core Service Agency clinicians to all trainings.
- All of the grants now have been completed and the training of DMH and Core Service Agency clinicians will begin in fiscal year 2004.
- DMH has implemented a service agreement to conduct a remediation assessment of the Saint Elizabeths campus and provide training. This project began September 29 and will conclude on October 31, 2003. The interesting note about the contractor providing these services is that this company participated in the remediation in New York City after the 911 incidents; as well as, conducted remediation in Virginia Beach after Hurricane Isabel.

- The assessment component will consist of soil remediation, asbestos assessment, lead assessment, tank assessment, mold assessment, lead samples, asbestos samples, soil samples, and mold samples. An assessment report is the final product of this component.
- The training component is designed to train 20 District of Columbia employees from Saint Elizabeths Hospital, DC Fire and Department, and Emergency Management Agency. The areas of training are as follows: hazardous waste site operation; hazardous Waste Site Supervisory; hazard communication; weapons of mass Destruction decontamination; mold remediation; Lead Remediation; asbestos remediation; mass casualty decontamination drill; drill safety staff; flood restoration and fire restoration.
- The overall project is very comprehensive and there are two specific outcomes of this project. One is the training of staff to handle a disaster and ensure the safety of patients at Saint Elizabeths hospital; and the second is a remediation assessment report which will delineate the cost of remediation for the east and west campus.
- Project DC is a DMH community outreach program funded from the Federal Emergency Management Agency to provide outreach and education services to District residents. Project DC developed the EIE (Engagement, Information, and Education) to document the elements of the Crisis Counseling Program individual encounter and record individual services performed by trained paraprofessionals. The new service was implemented in May 2002 following a training that included role-playing and examples. Master's level mental health professionals record individual sessions using the Community Mental Health Support Network's (CMHS) crisis counseling form.
- Project DC has been very effective at building relationships with community-based after-school programs and these organizations, including Boys and Girls Clubs (United Way and Metropolitan Police), recreation centers, day care centers and church-based programs, are important vehicles to reach youth and caregiver/parent groups.

- Project DC launched its youth services program as a focused intervention beginning in February 2003. (Staffing was approved in the continuation grant effective November 1 and the February initiation date reflected the time constraints of recruitment, training, relationship building and the holiday season.) Between February 1 and April 30, Project DC completed 37 crisis counseling groups for youth, each running 6-8 weeks, and 27 counseling and/or education sessions for parents and caregivers.
- For youth ages 12-18, Project DC focuses on anger management issues, drawing out the relationship of anger to fear as a post-traumatic response.
- Project DC also provides services to children 6 to 12 years of age. Activities are central to the groups, with a goal of helping children express their feelings about terrorism in a positive way.
- Demand for counseling and education groups for youth, parents and caregivers have grown steadily since February. There currently are 16 groups on the waiting list. Several factors are driving demand: 1) Project DC has gained trust and built relationships with providers of services to youth; 2) Project DC counselors are regarded as experts in the disaster mental health consequences of terrorism as manifested at the community level; and, 3) the perceived threat has not diminished.
- Early in 2003, reports began to emerge about the successful cleanup of the Brentwood facility in the fall of the previous year. That notice came on the heels of a February anthrax scare, when the V Street Government Mail facility was shut down for 24 hours after the state department's screening equipment detected that mail from the V Street facility was potentially contaminated by anthrax based on initial testing of an unknown substance in the mail. Although the final tests on the material came back negative, that experience generated a surge in the number of postal workers seeking services and an opportunity to express ongoing concerns about their safety.
- Project DC has initiated two new groups for parents, families and children to address both persistent fears and the resurgence of distress concerns surrounding the reopening of Brentwood. While many

families had healthy, adaptive coping mechanisms in the initial post-trauma period, the persistence of strong traumatic stress reactions in the exposed family member have begun to exhaust those coping strengths.

- The federal funding support has enabled DMH to build a structure to respond to emergencies, buy equipment to support this structure, and to train staff in the best practices to support the lead agencies in the District during an emergency. It also has allowed DMH to inform the public of help and resources available during a time of disaster. Without the federal funding this could not have occurred. Many of outreach programs have had a regional impact. For example the Access Helpline was a resource available to all metropolitan Washington residents during the sniper crisis last year. We have begun to make affiliations with hospitals and others to strengthen our capability to respond during times of emergency.
- This concludes my testimony for today, and I will be happy to answer any questions.